
Update from the RRC for Pediatrics

Caroline Fischer, MBA, Executive Director, RRC for Pediatrics

Site Visit:

Timeline in a Snapshot

- Ongoing: Review and know the program requirements
- 1/2 way between last and next review: internal review occurs
- *Caveat: The next survey date on your last notification letter is an “approximate” not actual date*
- 3 - 4 months before the actual visit
 - You will receive an email announcing actual date
- 4 - 6 weeks before the visit: Site Visitor will contact you to set up schedule for site visit date
- 14 days before the site visit mail PIF to site visitor
- 1 - 6 weeks after the visit: Site visit report is completed
- 2 - 8 months after the visit: program goes on meeting agenda
- 5 days after the meeting: email of status decision and cycle
- 8 weeks after meeting: notification letter in ADS



Site Visit to Site Visit: *PIF Pointers*

- The PIF is data collection tool used to assess how your program's compliance with the requirements
- *Start EARLY!*
- This is an open book test
 - The questions in the PIF correspond to program requirements
- Read questions carefully and start preparing initial responses
- Two parts to PIF
 - (a) common PIF in ADS + (b) word version
- Review prior citations and make sure they have been addressed
- Cross check information to avoid internal inconsistencies
- Answer every question!
- Involve others in the program



Site Visit to Site Visit:

Preparing for the Visit

- *What if the site visit date is a problem?*
There is never a good time for a site visit
- However, if it's a *major* problem:
 - Ingrid Philibert: (312) 755-5003 or iphilibert@acgme.org
 - Jane Shapiro: (312) 755-5015 or jshapiro@acgme.org
- Do not call the site visitor or the RRC Chair
- Requesting a postponement does not guarantee one



Site Visit to Site Visit: *Helpful Hints*

- http://www.acgme.org/acWebsite/bulletin-e/e_bulletin02_08.pdf
- February 2008 issue of the ACGME e-Bulletin, article authored by members of the field staff entitled “Nine ‘Red Flags’ in Accreditation Site Visits and Reviews”



RRC Composition

- 3 appointing organizations - AAP, ABP, AMA
- 13 voting members
- 6 year terms -- except resident (typically 2 years)
- Generalists and subspecialists
 - *Adolescent Medicine, Gastroenterology, Hematology-Oncology, Developmental/Behavioral, Infectious Diseases, Neonatal-Perinatal Medicine, Pediatric Emergency Medicine*
 - *Geographic Distribution – AL, CA, CT, DE, GA, MI, MD, OH, OR, PA*
- Ex-officio members from each appointing organization (non-voting)



RRC Review of Programs

- Peer review – 1 or 2 reviewers
- Reviewers use the following information to determine whether it is in compliance with the requirements:
 - *A Program Information Form (PIF) prepared by the program*
 - *Site visitor's report*
 - *ACGME Resident Survey*
 - *Board scores*
- Reviewers present program to Committee
- Committee agrees on areas of non-compliance (citations) and assigns accreditation status and review cycle, range of 1-5 years



Citation

- Citation = the program has not provided evidence/ documentation of compliance with the requirements, or, site visitor has identified an area of non-compliance
 - *Don't Have*
 - Patients (# & types); required certified faculty; facilities/equipment; time/support; required program personnel
 - *Don't Do*
 - Lack of evidence that required experience is provided; no documentation of compliance with requirements
 - *Didn't Bother*
 - Incomplete or inaccurate information; did not fully describe/provide sufficient details



New Citation Format

Evaluation of the Program by Faculty

PRSP V.C.1.d.1

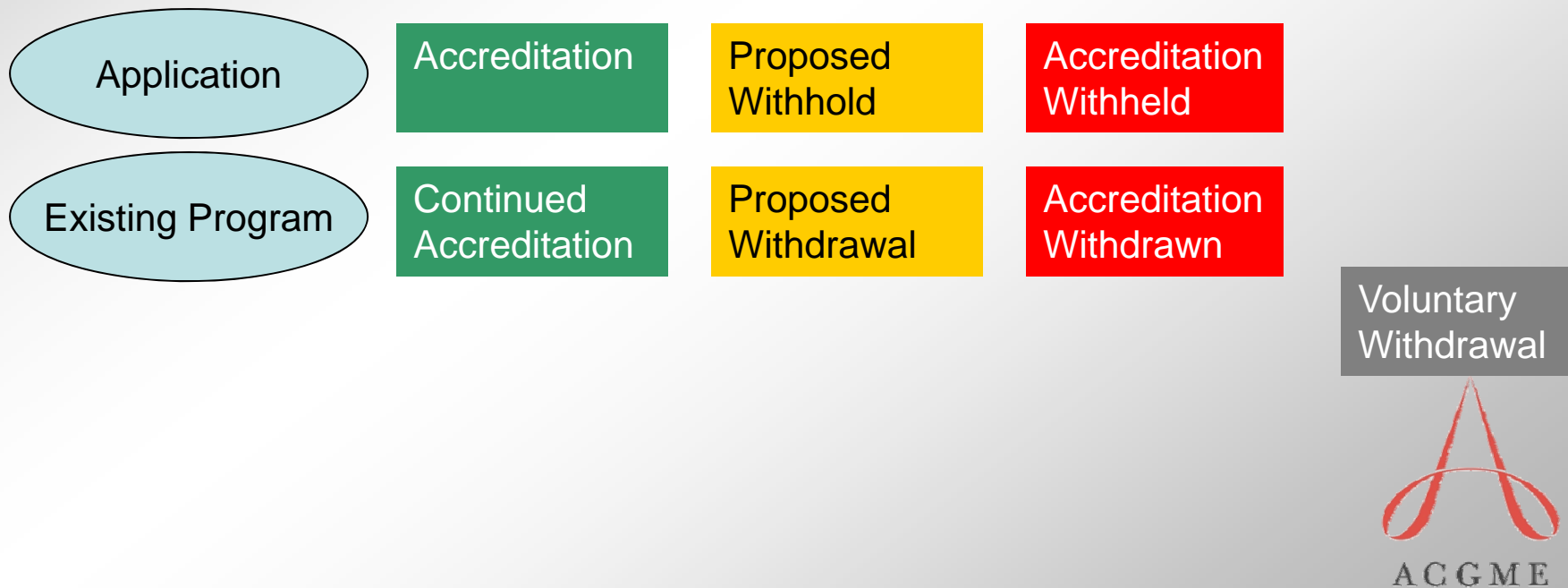
Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually.

The faculty do not evaluate the program confidentially and in writing at least annually as required. **Source:** PIF page: 30



Review Committee: *Accreditation Status Options*

- Actions open to the RRC for dependent subspecialty programs



Short Review Cycles: *Warning Language*

- Programs w/ a 1 or 2 year review cycle will receive “warning” in notification letter
 - *At the time of the next review, the program's accreditation may be withdrawn if these areas have not been addressed satisfactorily and/or other major areas warranting citation develop.*
 - *If receive a 1 or 2 year cycle, Committee can propose withdrawal at time of next review, if improvements are not evident.*



Adverse Actions

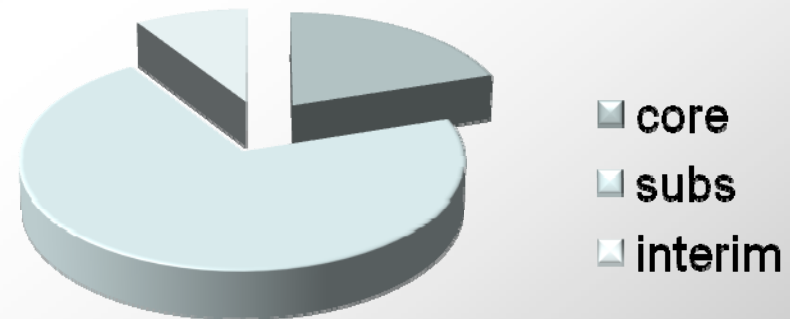
- *First, an adverse action is “proposed”*
 - *Citations include following references: PR, PIF & SVR*
 - *Only situation where SVR is shared with PD*
- Program director has opportunity to rebut citations
 - *information revising, correcting or expanding previously submitted information; challenging the findings of the site visitor; rebutting the interpretation of the RC; demonstrating that the cited areas of non-compliance did not exist at time of review; or contending that the program is in compliance with requirement*



Summary of Activities in 2009

- The RRC meets twice a year – spring and fall
 - A third summer meeting is added as needed
- The Committee reviewed 209 programs
 - Average per meeting:
 - 16 core
 - 54 subspecialty programs
 - 21 interim reports
(progress & duty hours reports)

Types of Reviews



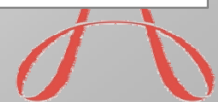
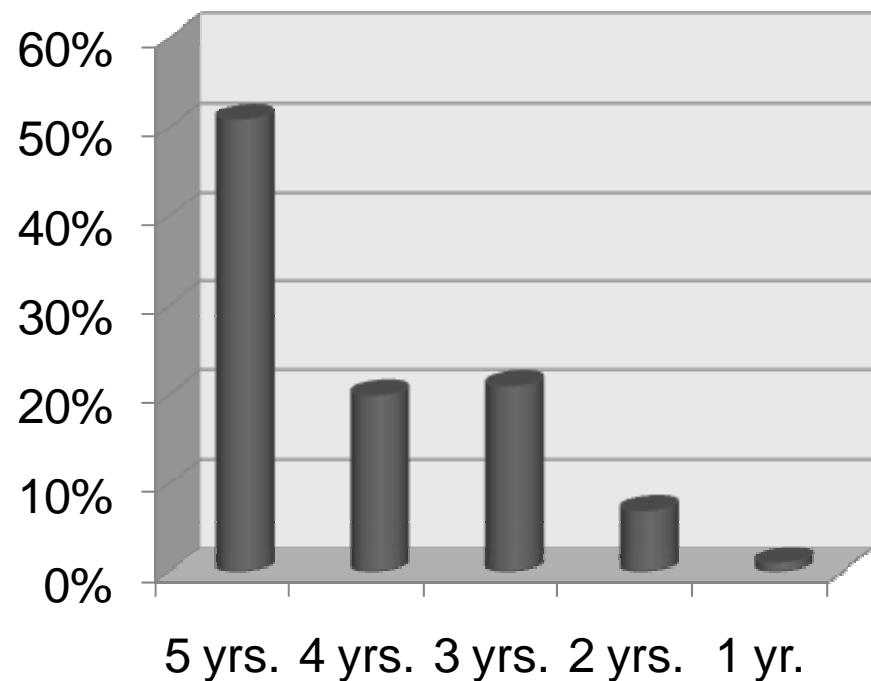
Accreditation Decisions in 2009

Subspecialties of Pediatrics

Summary of Status Decisions

| | |
|-------------------------------|------------|
| Continued Accreditation | 127 |
| Accreditation | 21 |
| Proposed Withhold | 3 |
| Accreditation Withdrawn | 1 |
| Proposed Withdrawal | 2 |
| Proposed Expedited Withdrawal | 1 |
| Voluntary Withdrawal | 8 |
| Total | 163 |

Review Cycles



ACGME

Most Frequent Citations in 2009

Subspecialties of Pediatrics

175 Subspecialty Programs Reviewed for a Status Decision

Total of 547 Citations – 3 citations/program

| | |
|---|----|
| 1. Scholarly Activities – faculty and fellow scholarly activity lacking | 59 |
| 2. Practice Based Learning – no ILP; no evidence of quality improvement project; no curriculum to teach teaching skills | 54 |
| 3. Systems Based Practice and Improvement – no/limited didactic and/or experiential; identifying systems errors; training in administering subspecialty; faculty oversight | 52 |
| 4. Qualifications of Faculty – no ABP certification; no evidence of on-going scholarship | 40 |
| 5. Responsibilities of the PD – PIF not complete or accurate | 37 |
| 6. Evaluation of the Program – not done annually; residents and faculty don't provide written, confidential evaluation; no evidence of action plan to address deficiencies | 33 |
| 7. Responsibilities of the Faculty – do not devote sufficient time teaching/supervising | 24 |
| 8. Goals and Objectives – not rotation and level specific or competency based | 24 |
| 9. Evaluation of Fellows – no semiannual written evaluations or evidence of final evaluation stating ability to practice w/o supervision | 21 |
| 10. Evaluation of Faculty – evaluation by fellows does not ensure confidentiality | 19 |

ACGME: Reference Materials

- Companion Document
- FAQs
- RRC Newsletter
- PD Guide to the Common Requirements:
http://www.acgme.org/acWebsite/navPages/nav_com_monpr.asp
- Explanations of the intent of most of the common requirements (particularly competency-based)
- Suggestions for implementing requirements and types of documentation expected



Requirements

- Child abuse requirements were approved in February 2010.
- Revision process on the general pediatric subspecialty requirements will begin in July 2011



www.acgme.org

- Staff contact information
- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- ADS
- FAQ
- General information on site visit process and your site visitor
- Peds Webpage
- Resident complement increase
- Program Requirements and PIFs
- Newsletter
- Innovation and Experimentation Proposal



ACGME contacts:

I've got a question....

- Question related to the ADS/completing electronic part of PIF:
 - Timothy Goldberg, (312) 755-7111; tgoldberg@acgme.org
- Question related to site visit:
 - Ingrid Philibert: (312) 755-5003, iphilibert@acgme.org
 - Jane Shapiro: (312) 755-5015, jshapiro@acgme.org
 - Penny Lawrence (312) 755-5014, pil@acgme.org
- Questions related to PIF:
 - Luz Barrera (312) 755-5077, lbarrera@acgme.org
 - Denise Braun-Hart (312) 755-7478, dbraun@acgme.org
- Questions related to requirements or notification letter:
 - Denise Braun-Hart (312) 755-7478, dbraun@acgme.org
 - Caroline Fischer (312) 755-5046, cfischer@acgme.org
 - Do not contact Chair of the Committee

